

## **Authorization to Release Information**

I, the undersigned, on behalf of \_\_\_\_\_ authorize the Washington State Department of Information Services to contact all client references supplied. This may include information of a confidential or privileged nature, to include but is not limited to reviewing projects and experience working with my organization, contacting any references, and/or contacting anyone else who might be familiar with past job performance.

I knowingly and voluntarily release the state of Washington, the Department of Information Services, its individual employees, and all my former or present employers, and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the Department's request for and receipt of information for the purposes of Request for Proposals (RFP) number M10-RFP-001, unless the identified clients are prohibited by state or federal law from disclosing the information that the Department requests.

A photocopy or facsimile copy of this signed Authorization is as valid as the original and shall be provided to anyone from whom information is requested in determining my job qualifications.

This release will expire August 14, 2009.

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*Signature*

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*Date*

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*Please Print Name*

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<i>Business Name</i>
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